

POL000101672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

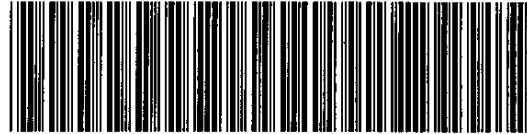
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/06--01020--013 **78.75

FILED
06 AUG -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Thanks for all your help!
Howard
7/20/06

SUBJECT: AllMax Insurance Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Hanhua Howard Yu

Name (Printed or typed)

17957 Holly Brook Drive

Address

Tampa, FL 33647

City, State & Zip

813-361-4898

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2006

HANHUA HOWARD YU
17957 HOLLY BROOK DRIVE
TAMPA, FL 33647

SUBJECT: ALLMAX INSURANCE INC.
Ref. Number: W06000032839

We have received your document for ALLMAX INSURANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6062.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 106A00047054

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AllMax Insurance Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17957 Holly Brook Drive
Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do business with Insurance and Finance

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Hanhua Howard Yu
17957 Holly Brook Drive
Tampa, FL 33647
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Hanhua Howard Yu
17957 Holly Brook Drive
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~AllMax Insurance Inc.~~ Hanhua Howard Yu
2236 University Mall
Tampa, FL 33612

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

7/20/2006

Date

7/20/2006

Date

(H-Y)